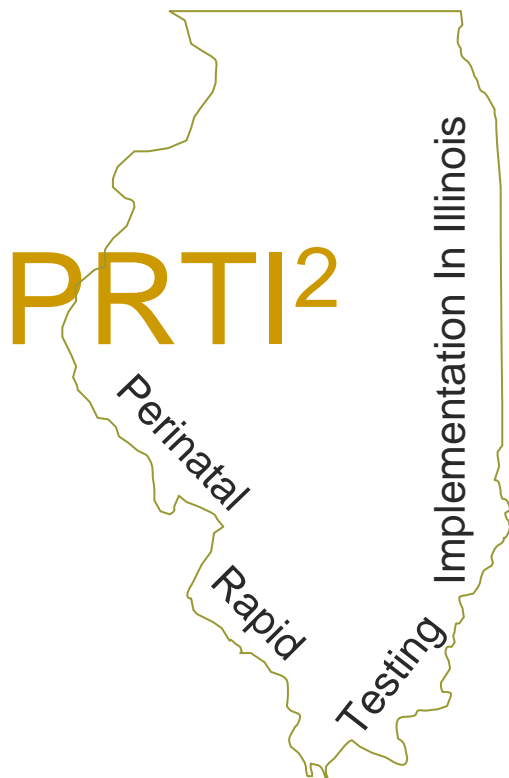


Statewide Perinatal Rapid Testing Implementation in Illinois: Evaluation Model



Ann Bryant MD, MSc^{1, 2}, Yolanda Olszewski⁴,
Anne Statton³, Mardge Cohen, MD⁴
Patricia Garcia, MD, MPH²

Institute for Healthcare Studies, Northwestern University¹

Dept of Ob-Gyne, Northwestern University Feinberg School of Medicine²

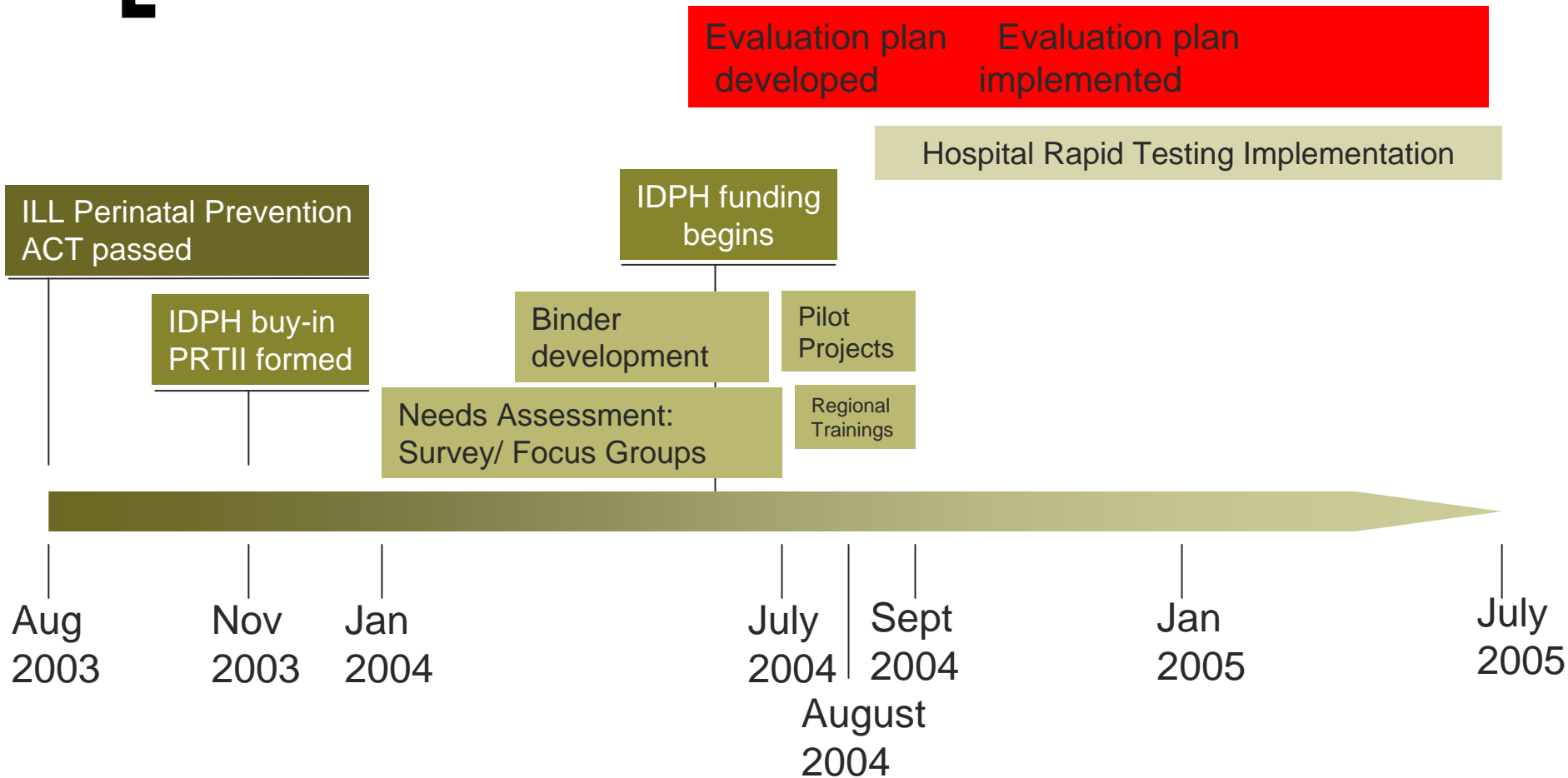
Pediatric AIDS Chicago Prevention Initiative³

Core Center, Cook County Bureau of Health Services, Chicago, Illinois⁴

Perinatal HIV Prevention Grantees Meeting

June 16, 2005 Atlanta, GA

PRTI² Timeline



****Legislative and regulatory constraints****

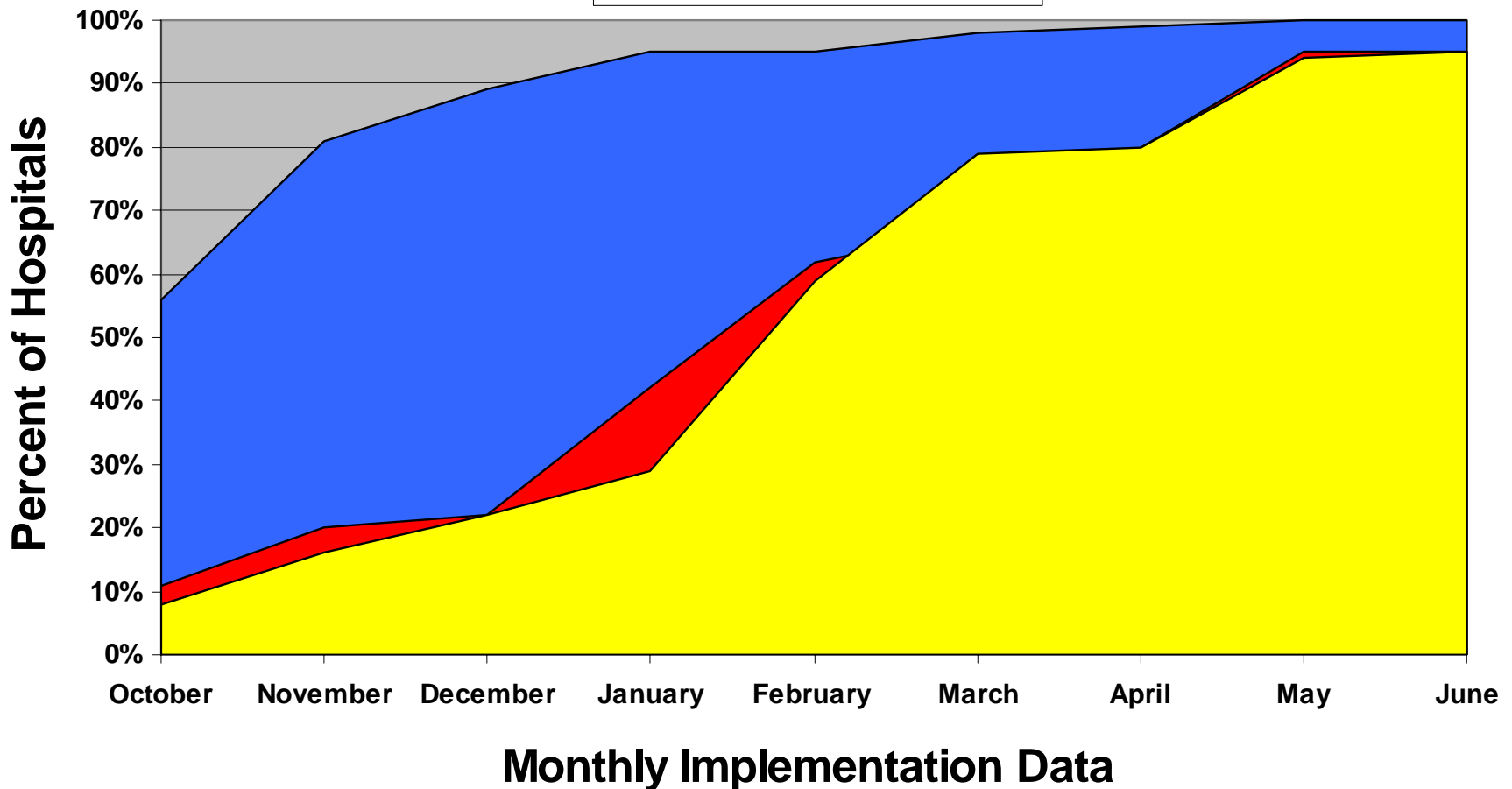
Evaluation

- Implementation Tracking
 - RC's turn in weekly updates of implementation
 - Key players completed, training completed, live starts
- Monthly Outcomes Data by Hospital
 - Rapid Testing Log Book on every L&D
 - Monthly Data Collection form summarizes log book reported from every “live” birthing hospital
- Preliminary Positive Data
 - Data form completed for every positive rapid test

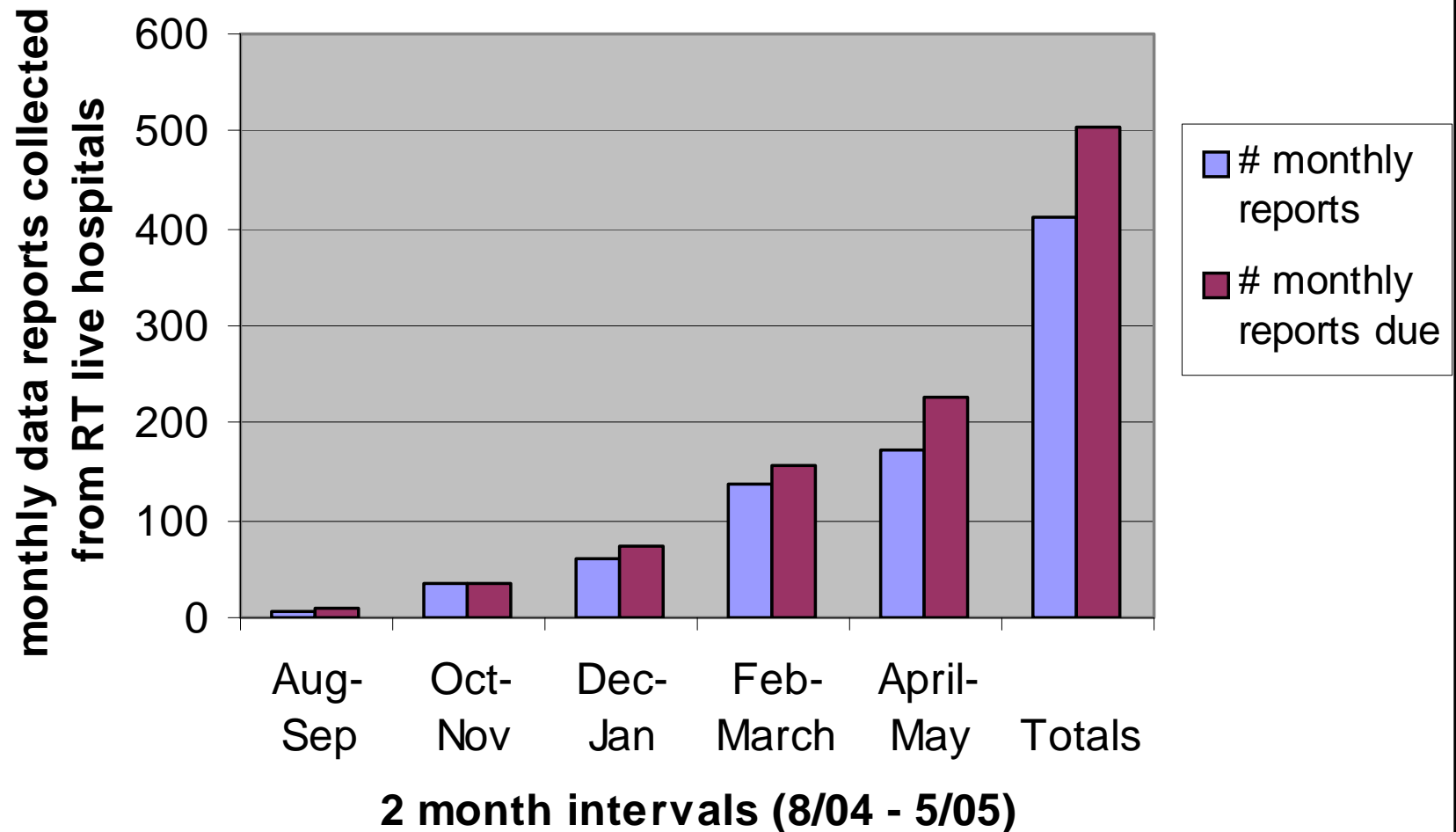
Implementation Tracking: 126/133 (95%) hospitals “Live”

■ Key Player Meeting
■ Training
■ Live Start

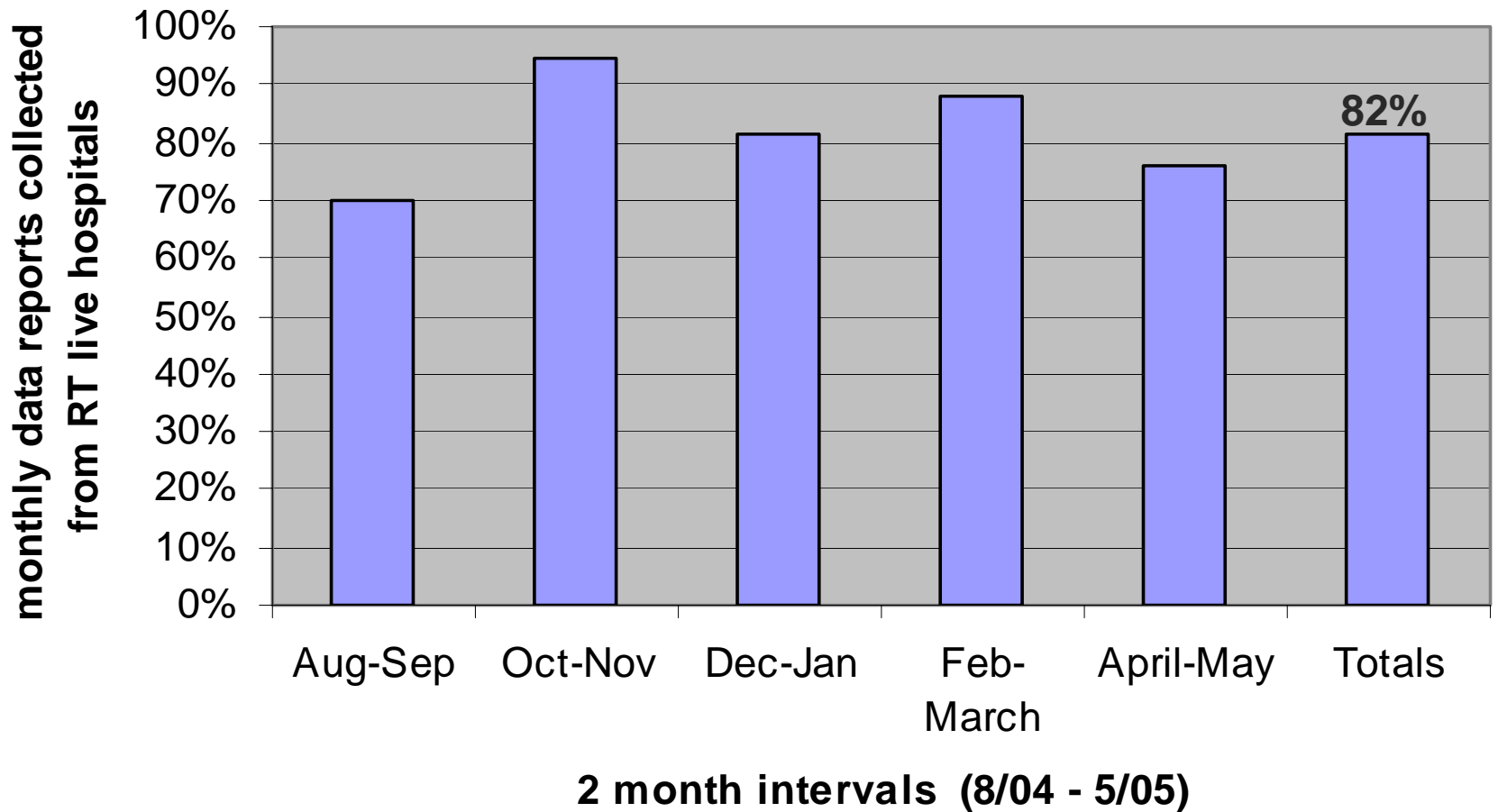
As of June 10, 2005



Monthly Data Collection Hospital Response Rate



Monthly Data Collection Hospital Response Rate

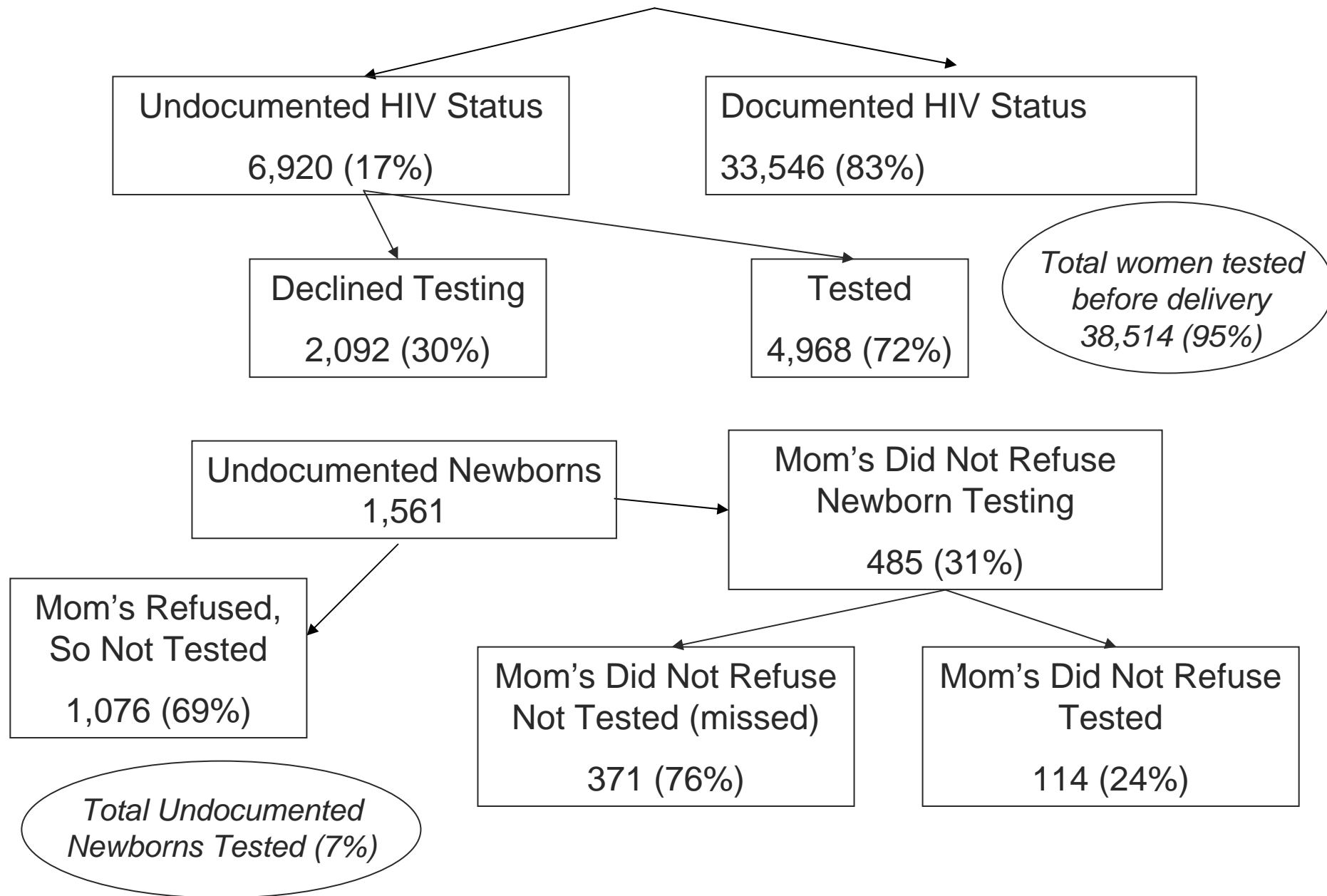


PRTII Monthly Data Collection Form

1) All women who presented to L&D /Triage	Delivered	Undelivered
a. Total # of women presenting to triage and/or L&D		
b. Total # presenting with an undocumented HIV status		
c. Total # counseled for rapid testing		
d. Total # declined for rapid testing		
e. Total # rapid tested		
f. Total # rapid test negative		
g. Total # rapid positive		
2) Of the women who delivered and were rapid test positive:		
a. Total # of women received AZT in labor		
b. Total # of infants received AZT post-delivery (pre-D/C)		
3) Of all the newborns presenting to the nursery:		
a. Total # of newborns undocumented, moms not tested		
b. Total # of newborns whose mom refused rapid test		
c. Total # of newborns tested		
d. Total # of rapid test negative		
e. Total # of rapid test positive		
f. Total # of newborns born to women who were not rapidly tested who received AZT post-delivery (pre-discharge)		

Rapid Testing in Labor and Delivery Monthly Data Collection (8/04-5/05)
Hospital specific data collected monthly in hospitals once live rapid testing is started

Total Deliveries = 40,466



PRTII Preliminary Positive Form

	Date (MM/DD/YYYY)	Time (24 hour clock)
1. Presentation at L & D	/ /	:
2. Reason for undocumented HIV status <input type="checkbox"/> No PNC <input type="checkbox"/> No PNC record <input type="checkbox"/> Not tested <input type="checkbox"/> Other		
3. Maternal sample for rapid test obtained Rapid Test performed at: <input type="checkbox"/> POC/L&D <input type="checkbox"/> Lab	/ /	:
4. Maternal rapid test result available (if done)	/ /	:
5. Baby sample for rapid test obtained (if applicable)	/ /	:
6. Baby rapid test result available (if applicable)	/ /	:
7. Reason mom not rapid tested: <input type="checkbox"/> offered, declined <input type="checkbox"/> not offered, not tested <input type="checkbox"/> offered, accepted but delivered before test could be done <input type="checkbox"/> other		
8. Maternal Treatment before Delivery: <input type="checkbox"/> Yes <input type="checkbox"/> No		
AZT IV started	/ /	:
AZT PO started	/ /	:
Other medication started (specify:_____)	/ /	:
9. Delivery <input type="checkbox"/> Vaginal Delivery <input type="checkbox"/> Scheduled Cesarean <input type="checkbox"/> Emergency Cesarean <input type="checkbox"/> Unknown	/ /	:
10. Newborn Treatment:		
AZT syrup started	/ /	:
Nevirapine PO started	/ /	:
Other (specify:_____)	/ /	:
Physician of record is responsible for the following six items:		
11. Patient informed of rapid test results	/ /	:
12. Infant d/c with ≥ 7 days AZT syrup <input type="checkbox"/> Yes <input type="checkbox"/> No	/ /	:
13. Newborn HIV care referral made To (place):_____	/ /	:
14. Mother HIV care referral made To (place):_____	/ /	:
15. IL Perinatal HIV Hotline called: (800) 439-4079	/ /	:
16. Local Dept Public Health called (if applicable)	/ /	:
Follow up: Please complete and re-fax form to PACPI when follow up information is available.		
17. Confirmatory Western Blot test sent: Result: <input type="checkbox"/> positive <input type="checkbox"/> negative <input type="checkbox"/> indeterminate	/ /	:
18. Patient informed of Western Blot result <input type="checkbox"/> Yes <input type="checkbox"/> No	/ /	:
19. Infant PCR sent: <input type="checkbox"/> Yes <input type="checkbox"/> No	/ /	:

[Future Directions: PRTI² Year II]

- Revise Monthly Data Collection and Prelim Positive Forms
- Monthly Data Collection to transition to IDPH
- Statewide surveillance / evaluation electronic database
- QA Follow-Up Visits all Birthing Hospitals
 - Focus on: documentation rates, testing rates, newborn testing rates, protocol /plan set for prelim positive, AZT available
- Work with IDPH to set performance standards and link poor-performing hospitals to interventions

[Acknowledgments]

- PRTII Team
- IL Dept of Public Health
- IL State Perinatal Network System
- Staff of IL Birthing Hospitals